

## COMMUNITY COLLEGE INITIATIVE PROGRAM STUDENT APPLICATION 2013-2014

<b>Personal Information</b>				
Name of applicant				
SURNAME	FIRST		MIDDLE	
Home Address:			Home Phone:	
Street and number:				
C:t			Mobile Phone:	
City: State/province:			E-mail:	
Postal code:			E-man.	
Country:				
Place of birth (city or town	and country, as listed in		th (month/day/year):	
passport, if available):		Month of bi	Month of birth:	
City of birth: Country:		Year of birt		
Country of citizenship:			e a passport?	
•		□ yes	□ no	
Gender:	Marital status:	Are you cur	rrently a student?	
Male $\square$ Female $\square$	☐ Single	□ yes	$\square$ no	
	☐ Married	If yes, name	e of college/institution:	
What is the highest education	onal degree you have	Have you pa	articipated in any U.S. government exchange	
completed?		program?		
		Yes $\square$	No $\Box$ If yes, program name and year:	
Your proposed Field of Stud	dy to pursue during the Cor	nmunity Colleg	ge Initiative program (check <u>one</u> ):	
☐ Agriculture			Information Technology	
☐ Applied Engineering			Media	
☐ Business Management and Administration ☐ Tourism and Hospitality Managemen			Tourism and Hospitality Management	
☐ Early Childhoo				
Within your proposed Figer experience:	eld of Study, please descri	be your specif	fic area of interest and your related	
experience.				

Language	Reading	V	Vriting	Speaking	Listening
		•			
				nguage proficiency (for exde a copy of the test results	
L13) please identity th	e type of test taken, gi	ive the result	s, and provid	de a copy of the test results	•
est Taken:	Date	Taken:		Results (attach copy):	
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ackground Informa	ation				
st Educational Institu	tions Attended. (Plea	ase attach a t	ranslated an	d certified copy of your tra	nscripts for any
stitution from which yo					
Name of	Major Field of		Attended	Actual Name of	
Institution/Location	Study	(Mon From	th, Year)	Degree or Diploma (Do not translate)	Date Received
		From	<u>To</u>	(Do not translate)	
	jobs held, begin with	current or	most recent	t employment. (Continue of	on additional sheets
nper, if necessary)		D.	D.		
Name and address of employer	Position held	Date From:	Date To:	Responsibilities	
or employer		Tiom.	10.		

Knowledge of languages: Rate yourself Excellent, Good, Fair, or Poor. Include all languages that you speak or have

ontinue on additional sh Country	Dates	<b>,</b>	Purpose	
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ow, provide the name		phone numbers of indivi	duals to be notified in call Indicate relation to	ase of emergency.
Name of individual	Location & address of individual (List contact in your country <u>and</u> in the		individual (relative,	Languages this person speaks
	United States)		friend, etc.)	
ay #1: Please described this program fit w	with your past educat	od candidate for the Co ion and training? How		
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Essay #2: What would you like to share about your country and its culture with the people you meet? Why would you be a good representative of your country? How will you share your culture with people who may not know it?
Essay #3: Please describe one situation from your school, work, or personal life when you faced a challenge or
a problem. How did you resolve it?

Essay #5: What part of U.S. culture are you eager to experience? Why?	

Essay #0: If you participate in this progra	m, how do you think your life will be different in 5 years?
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COMMUNITY	COLLEGE INITIATIVE PROGRAM
	ON CERTIFICATION STATEMENT
<b>CERTIFICATION:</b> I certify that I completed th	is application myself, without aid or assistance, that the information given
in this application is complete and accurate, an	nd that I have carefully read and understand it.
Lunderstand that program administrators reser	ve the right to verify all the information listed in the application. I
	ormation in the application will eliminate me from the competition or cause
my dismissal from the Community College Ini	itiative Program.
Alex Verburnal des des Verburnes of the fall	1
<ul> <li>Also, I acknowledge that I am aware of the fol</li> <li>I must follow all program rules and reg</li> </ul>	ulations and observe all the laws of the United States during my stay there.
* *	eturn to my home country. I understand that I may not extend my stay in
the United States.	
Signature of applicant	Date (month/day/year)